

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51	
2							52	
3							53	
4							54	
5							55	
6							56	
7							57	
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14							64	
15							65	
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36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44	1						94	
45							95	
46							96	
47							97	
48	1						98	
49	5						99	
50	5						100	
TOTAL IND.	44						TOTAL IND.	
TOTAL DEP.	56	↓	↓	↓	↓	↓	TOTAL DEP.	
TOTAL CLAIMS	51	██████████	██████████	██████████	██████████	██████████	TOTAL CLAIMS	██████████